

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

NEW ATTORNEY E-FILING REGISTRATION FORM
PLEASE TYPE

This form is used for creating new accounts (**Newly Admitted Attorneys Only**) on the Court's Electronic Case Filing System(ECF).

First Name: Abraham Middle Name: _____
 Last Name: Marston If appropriate, check one: Sr. ☐ Jr. ☐ II ☐ III ☐
 Firm Name: Exemplar Law Partners, LLC
 Firm Address: Ten Post Office Square, 8th Floor

City: Boston State: MA Zip Code 02109

Firm Phone Number: 617-542-7400 Direct Dial Number: 617-542-7400
 Fax Number: 866-364-6187 Internet E-Mail Address: cmarston@exemplarlaw.com

The following information must be completed by attorneys applying for admission and submitted with your petition:

TYPE OF ADMISSION APPLIED FOR: ☐ PERMANENT ☒ PRO-HAC VICE - Case Number Required: 1:07-CV-01338

By submitting this printed and signed form, I hereby agree to abide by all Court rules, orders, policies and procedures governing the use of the electronic filing system (CM/ECF). I also consent to service by electronic means in the circumstances permitted under those rules, orders, policies and procedures. I understand that the combination of user i.d. (Bar Roll #) and password will serve as my signature for filing documents pursuant to Rule 11 of the Federal Rules of Civil Procedure, the Federal Rules of Criminal Procedure and the Local Rules of this court. I agree to protect the security of my password and immediately notify the Clerk of Court if I suspect my password has been compromised. Also, as a participating attorney, I will promptly notify the Clerk of Court if there is a change in my personal data, such as name, e-mail address, firm address, telephone number, etc.

Attorney Signature: /s/ Abraham Marston, Esq.

Date: March 12, 2008

COURT USE ONLY

Assigned Bar Roll # _____

Receipt # _____

Date of Admission: ____ / ____ / ____

Revised: ____ / ____ / ____ By: _____